

STATE OF MAINE HEALTH INSPECTION PROGRAM LICENSE APPLICATION

Applicant Information

Name of the business: _____

Location of Business, E-911 Address: _____ Town/City, Zip Code: _____

Mailing Address; Town/City, Zip Code: _____

Business Telephone: _____ Business E-mail: _____

Contact Person's Name: _____ Contact Phone #: _____

Contact FAX #: _____ Contact E-mail: _____

THERE IS A 30 DAY REVIEW PERIOD AFTER RECEIPT OF A COMPLETED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED FOR COMPLETION. A BUSINESS MUST NOT OPERATE UNTIL AN INSPECTION IS PERFORMED AND A LICENSE IS ISSUED.

1. Licensing Information:

This business (check one):

- ☐ is new and has never been licensed.
☐ is presently ☐ was previously licensed by the Department of Agriculture. If so, provide Department of Agriculture License ID# _____
☐ is presently ☐ was previously licensed by the Department of Health and Human Services. If so, provide D.H.H.S. License EST ID# _____

2. Business Information:

Please check one: ☐ Corporation/LLC ☐ Individual ☐ Partnership ☐ Association ☐ Other**Corporation, Association, Partnership or LLC Name:** _____**Owner(s) Name:** _____**Owner(s) Mailing Address:** _____

My business corporation is in good standing with the Secretary of State and all State Licensing Boards.

☐ Yes ☐ NoPlanned Opening Date: _____ (Allow at least 30 days following your submission of a **completed** application)Duration of Operation: ☐ Year round ☐ Seasonal: Opening Date _____ Closing Date _____

Name of Temporary Event _____ Temporary: Dates of event _____ to _____

If you have a mobile unit are you going to be attending fairs and festivals? Yes _____ No _____

3. Former Owner's Information, if applicable:

Former Owner's Name: _____ Former Business Name: _____

4. Business Proposal:

A. Check all boxes that apply: Are you proposing ☐ to remodel ☐ to change ownership ☐ to change use ☐ to increase use or ☐ other? Specify: _____

B. Describe the business: _____

C. As applicable, indicate the proposed number of:

Indoor Dining Seats _____ **Outdoor Dining Seats _____ Camping Sites _____
 Lodging Rooms _____ Cottages _____ Youth Campers: Boys _____ Girls _____ Staff _____
 Vending Machines _____ Indoor Swimming Pools _____ Outdoor Swimming Pools _____
 Indoor Hot Tubs/Spas _____ Outdoor Hot Tubs/Spas _____

****For Fees and Septic review purposes, outdoor seating is only counted in total number of seats if there is inside seating and there are 30 or more outdoor seats, or there is wait staff service to the outdoor seats regardless of number of seats.**

5. License Type & Fees: Check (✓) the appropriate box for your proposal:

EATING	CHECK HERE	FEES
Division of the Blind		No Charge
Catering		\$200.00
Correctional Facility		\$200.00
Eating Place-Mobile		\$200.00
Eating Place, 0-29 seats		\$160.00
Eating Place 30-75 seats		\$195.00
Eating Place >75 seats		\$230.00
Eating Place-Temporary 1 - 4 Days		\$95.00
Eating Place- Temporary 5 -14 Days		\$150.00
Eating Place-Limited Menu		\$150.00
Eating - School		\$100.00
Eating - School Catering		\$100.00
Eating - School Satellite		\$100.00
Commissary		\$250.00
Vending Company		\$75.00
Senior Citizen Meals		\$30.00
LODGING		
Bed and Breakfast – 5-Rooms or Less		\$100.00
Bed and Breakfast – 6-Rooms or More		\$150.00
Lodging 4 -15 Rooms		\$150.00
Lodging 16 -75 Rooms		\$175.00
Lodging >75 Rooms		\$200.00
COMBINATION		
Food Service @ Youth Camps (Eating and Catering)		\$275.00
Eating and Catering		\$275.00
Eating and Lodging		\$275.00
Eating and Campground		\$275.00
CAMP		
Sporting/Recreational Camp		\$175.00
Campground – Agricultural Fair		\$200.00
Campground 5-24 Sites		\$150.00
Campground 25-124 Sites		\$175.00
Campground >124 Sites		\$200.00
Campground-Temporary		\$200.00
Youth Camp-Day		\$100.00
Youth Camp-Trip And Travel		\$100.00
Youth Camp-Resident <100 Campers		\$190.00
Youth Camp-Resident 100-200 Campers &Property Tax-Exempt >200 Campers		\$225.00
Youth Camp-Resident >200 Campers		\$285.00

See page 3 for fees in: Portland, South Portland, Lewiston, Auburn

Fees for Delegated Municipalities
The fee is only \$60 not to be combined with fees on the previous page.

Portland, South Portland, Lewiston, Auburn

License Types	CHECK HERE	FEES
Catering		\$60.00
Eating Place-Mobile		\$60.00
Eating Place		\$60.00
*Eating Place - Temporary		\$60.00
Eating Place-Limited Menu		\$60.00
Eating - School		\$60.00
Eating - School Catering		\$60.00
Eating - School Satellite		\$60.00
Eating - Commissary		\$60.00
Correctional Facility		\$60.00
Sr. Citizen Meals		\$30.00
Vending Company		\$60.00
Municipal Lodging Licenses		
Bed and Breakfast		\$60.00
Lodging		\$60.00
Municipal Combination Licenses		
Eating & Catering		\$60.00
Eating & Lodging		\$60.00

MISCELLANEOUS FEES	
Reprint License	\$25.00
Late Renewal within 30 days of license expiration date	\$25.00
Late Renewal more than 30 days after expiration date	\$100.00
Repeated Late Renewal more than 30 days after expiration date	\$200.00
Additional Inspection	\$100.00
Insufficient Funds	\$25.00
Nonprofit – No license required if fewer than 12 events/year	\$0.00

***For Portland Only- No State application is needed. Contact the City of Portland for a Temporary Food Service License application at 207-756-8365 or <http://www.portlandmaine.gov/594/Food-Service-Inspections>**

6. Drinking Water:

- A. Does your water come from a city/town water supply? ☐ Yes ☐ No

If yes, provide the name of the city/town water supplier to which you pay your water bill _____ and **skip to Item 7**, Wastewater Disposal, on the following page.

If no, continue:

- B. Is or was your business regulated by the State Drinking Water Program as a public water system?

☐ Yes ☐ don't know (***If your business uses city/town water you are not a regulated public water system***).

- If yes, provide your Public Water System ID # _____ and **skip** to Item 7, Wastewater Disposal, on the following page.
- If you checked **Don't know**, contact the Drinking Water Program at 207-287-2070 for assistance. If the Drinking Water Program provides you with PWSID #, enter it here: _____ and skip to Item 7
- If no, continue:

- C. Will your business serve tap water in any of the following forms? Check all which apply.

- ☐ Cups/glasses of water.
- ☐ Drinks made on site (soda, lemonade, slush drinks, iced tea, juices, etc.).
- ☐ Ice made onsite.
- ☐ Drinking water fountain.
- ☐ Cups in the restroom or near any sink available to the public.
- ☐ Water used as an ingredient for uncooked foods made onsite. For example, instant gelatin desserts.
- ☐ Other, specify: _____

- If you did not check any boxes above and your business was not a regulated public water system in the past, complete the water tests listed in E.1.a below and submit water test results with this application. **Skip** to Item 7, Wastewater Disposal, on the following page.
- If you did check any boxes above, continue.

- D. Indicate source, or potential source, of water ☐ Drilled Well ☐ Dug Well ☐ Surface Water.

If you checked "Dug Well" or "Surface Water" call the Drinking Water Program at 207-287-2070 and **skip** to Item 7, Wastewater Disposal, on the following page.

- E. Is the drinking water well an existing well (already drilled?) ☐ Yes ☐ No

If No, please STOP. Contact the Maine Drinking Water Program at 207-287-2070 for further instructions before drilling the well.

If Yes, please provide the following:

E.1 Water Test Results from a Certified Laboratory for the following tests:

- Total Coliform bacteria, nitrate, and nitrite: samples must be taken within three months before the date this application is received.
- Fluoride, chloride, hardness, antimony, iron, pH, manganese, uranium, arsenic: samples must be taken within one year before the date this application is received.
- If there are underground fuel storage tanks within 1000 feet of the well, a volatile organics water test (VOC 524) must also be done.
- Additional sampling may be required if known contamination has occurred near the well.
For a list of Certified Laboratories, see www.medwp.com or call the Maine Drinking Water Program at 207-287-2070.

E.2 A site plan (more detailed map of the well site) – see the example provided in Appendix A on page 10.

E.3. Drilled well construction information (if known):

Depth _____ ft. Length of casing _____ ft. Yield _____ gal/min.

E.4 A description of the major components in the water system:

Storage (type of tank and size): _____

Treatment (type, manufacturer): _____

Piping (type, above or below ground): _____

E.5 Distance from the well to the nearest point of all leachfields (septic systems) within 300 feet? _____ (feet). ***If less than 300 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.***

E.6 Distance from the well to all underground storage tanks within 1000 feet? _____ (feet). ***If less than 1000 feet, please stop and contact the Drinking Water Program at 207-287-2070 before submitting this application.***

E.7 Distance from the well to the nearest property line? _____ (feet)

E.8 How much land is controlled and/or owned around the well? _____ (acres)

If you qualify as a public water system (PWS), you will be assessed a fee by the Maine Drinking Water Program on July 1st of each year.

7. Wastewater Disposal:

Is wastewater disposed to an on-site wastewater disposal system, either proposed or existing? ☐ Yes ☐ No

If yes, you must complete the attached “Onsite Wastewater Disposal System – Local Review and Verification Form” (Appendix C) and have your Local Plumbing Inspector verify compliance with the Maine Subsurface Wastewater Disposal Rules, 10-144 CMR 241 (the Rules). The Local Plumbing Inspector must verify that either the existing subsurface wastewater disposal system has the capacity to accept the wastewater to be generated as required by the Rules or that an expanded system has been designed and approved that meets applicable design requirements found in the Rules. Municipal records for your property should include copies of wastewater disposal system designs completed to date. If the municipality cannot locate a copy of the design(s) please contact the Department at 207-287-7690 to request a search of the State database of disposal system records.

Demonstration of adequate wastewater disposal system capacity for the use proposed is required prior to licensure by the Health Inspection Program.

Please visit our website for more information regarding wastewater disposal systems at www.mainepublichealth.gov/septic-systems or call us at 207-287-5689 if you have any questions.

If no, please provide the name of the city, town or utility district to which you pay your sewer bill, or a copy of an overboard discharge license issued by the Maine Department of Environmental Protection.

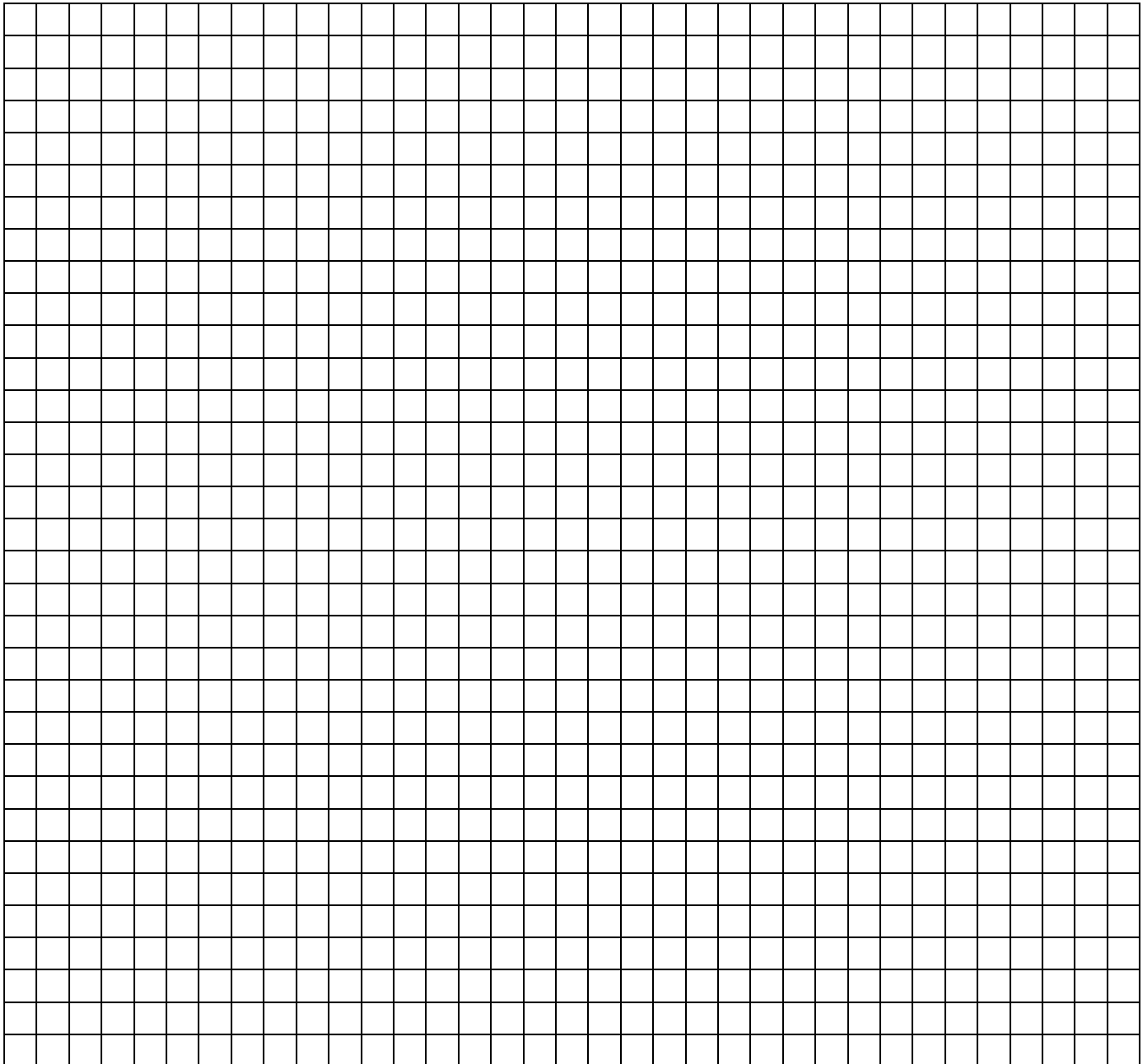
Public Sewer Entity: _____

8. Menu:

Attach a copy of your menu, or a draft menu.

9. Kitchen or Food Preparation Area Plan:

Use this grid or a separate sheet of graph paper to draw a floor plan, or provide a floor plan prepared by a knowledgeable party, for eating place food preparation area(s)/kitchen(s). If the plan is not drawn to scale, the dimensions must be clearly labeled. Please see the example on page 11.



The floor plan should include the following items.

Sinks:	Toilet Facilities:	Refrigeration:	Facilities:
1. Hand Washing	1. Water Closets	1. Walk-in Coolers	1. Food Preparation Areas
2. Ware Washing	2. Lavatories	2. Walk-in Freezers	2. Food Storage Areas
3. Utility	3. Urinals	3. Freestanding Coolers	3. Trash/Refuse/Redemption Areas
4. Food Prep	4. Other	4. Freestanding Freezers	4. Dining Areas
5. Dipper Wells		5. Ice Maker	5. Equipment/Counters/Seats/Tables
6. Other		6. Other	6. Dry Storage/All Other Storage

10. Eating Place Business Review:

Complete the table below by filling in the blanks, and placing a check mark or number where appropriate.

COLD STORAGE		PROPOSED OPERATING HOURS			SERVICE PROVIDED	
Walk-in Cooler		Sunday:	AM/PM	AM/PM	Take-out	
Reach-in Refrigerator		Monday:	AM/PM	AM/PM	Buffet	
Closed Display Refrigerator		Tuesday:	AM/PM	AM/PM	Sit-Down	
Open Display Refrigerator		Wednesday:	AM/PM	AM/PM	Delivery	
Refrigerated Buffet Unit		Thursday:	AM/PM	AM/PM	Window	
Beverage Cooler		Friday:	AM/PM	AM/PM	Catering	
Refrigerated Food Prep. Unit		Saturday:	AM/PM	AM/PM	Single Service	
Rapid Pull-down Refrigerator					Tableware	
Walk-in Freezer		KITCHEN EQUIPMENT & SINKS (Numbers)			TOILET FACILITIES	
Reach-in Freezer		Ice Machine(s)			Number of Fixtures:	
Closed Display Freezer		Warewashing Sink(s) with 3 basins			Men's Bathroom	
Open Display Freezer		Warewashing Sink(s) with 2 basins			Water Closets (toilet)	
Freezer Buffet Unit		Hand washing Sink(s)			Urinals	
Other		Utility Sink(s)			Lavatories (sink)	
		Food Prep Sink(s)				
		Warewashing Machine(s)			Women's Bathroom	
Metal Shelves		Microwave(s)			Water Closets (toilet)	
Wooden Shelves		Hot Holding				
Plastic Shelves		Oven(s)			Lavatories (sink)	
Cabinets		Other				
Bins (food grade)		LIQUOR SERVICE			Employee Bathroom	
Barrels (food grade)		Refer to the bottom of page 8 for information regarding liquor licensing.			Water Closets (toilet)	
Bulk					Urinals	
Pallets					Lavatories (sink)	
Other					Other (describe)	
Meals being served: Please check all that apply: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper						
CERTIFIED FOOD PROTECTION MANAGER(S) See below.						
Name:		Certificate Date:				
Name:		Certificate Date:				
Name:		Certificate Date:				
Name:		Certificate Date:				
IMPORTANT: A Certified Food Protection Manager (CFPM) must be hired within 90 days of a new eating establishment opening, a change of ownership, or when a Certified Food Protection Manager leaves employment. Contact the Health Inspection Program at 207-287-5671 for more information. Go to www.maine.gov/healthinspection for a list of CFPM courses. Provide a <u>copy</u> of a CFPM certificate for each certified person.						

11. Campground Plan:

Is the campground a wilderness campground (non-pressurized water and no central sewers or bathroom facilities) or a conventional campground with pressurized water and sewer/bathroom facilities?

Check one: ☐ wilderness campground ☐ conventional campground ☐ combination ☐ temporary

Submit a site plan of the campground prepared by a knowledgeable party showing camping areas, with number of sites, location of roads, electrical and water hookups, and sewer hook-ups, if any are provided. If the plan is not drawn to scale, the dimensions and setbacks must be clearly labeled.

Indicate where dump station(s) are located and the location of restroom facilities including number of toilets, urinals, lavatories, and showers. Also include the number of any portable toilets for temporary campgrounds, and show their location(s) on the site plan.

The campground site plan must show the location of any drinking water wells within 300 feet of any wastewater disposal systems or fuel storage tanks, and the location of any wastewater disposal systems used on the campground. Refer to the Campground Rules at www.maine.gov/dhhs/eng/el/rules.htm.

12. Agricultural Campground Checklist:

Submit site plan of fair grounds. Use the following as a simplified check list:

- ☐ Are the camping areas shown with sites indicated?
- ☐ Indicate the sites that have electrical, water, and/or sewer hook-ups at the site.
- ☐ Indicated whether the sites are for self-contained units.
- ☐ Location of the dump station(s).
- ☐ Will you contract with a septic tank pumper? ☐ Yes ☐ No
- ☐ Location of restroom facilities including number of toilets, urinals, and lavatories.
- ☐ Do you intend to have spaces for campers (pop-ups and tents)? ☐ Yes ☐ No
- ☐ If campers without self-contained RVs are to be allowed, please indicate the number of portable toilets and location. (The rules require 8 per every 100 sites).
- ☐ Location of any drinking water wells and subsurface sewage disposal systems used on the fair grounds.

13. License Fees:

Please refer to the License Type & Fees for specific fees for various licenses on pages 2 and 3

MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE
WALK-INS: WE DO ACCEPT CASH, CASH MUST BE IN THE EXACT AMOUNT ONLY.
(Fees are non-refundable.)

PLEASE MAIL TO:

**Health Inspection Program
11 State House Station
286 Water Street 3rd Floor
Augusta, ME 04333-0011**



If you have questions, please call the Health Inspection Program at 207-287-5671.

We wish you great success in your business!

A separate State issued Liquor License is required if you plan to sell or serve alcoholic beverages. You must be in compliance with Health Inspection Program License requirements to obtain and retain a Liquor License. For more information, go to Liquor Licensing and Compliance at www.maine.gov/dps/liqr/applying.html or at 207-624-7220. Additional licenses may also be required, including but not limited to a Municipal Victualer's License. Please contact your Town or City for more information.

14. Signature:

I, _____, Owner/Operator of the business, **hereby state that this**

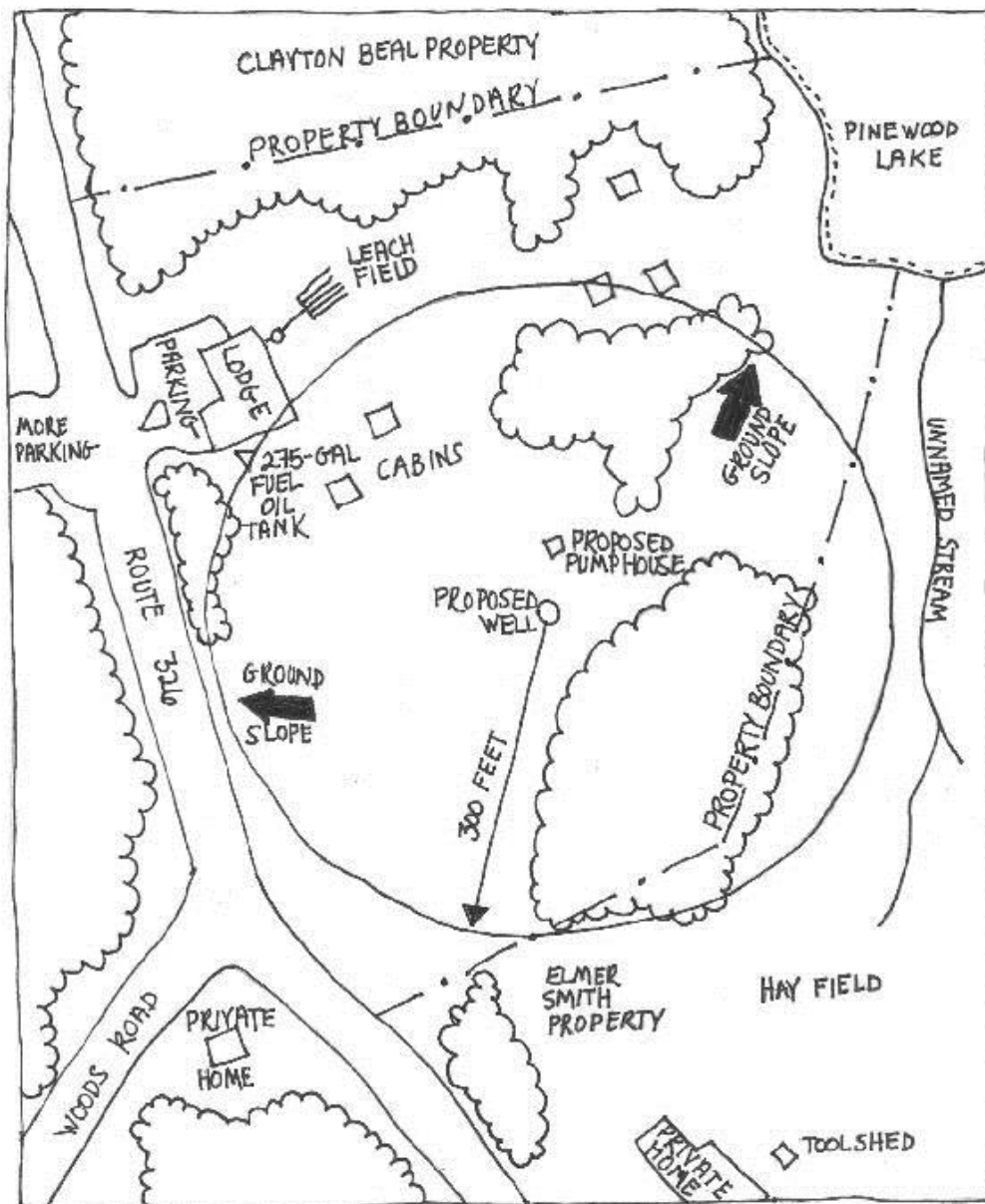
PLEASE PRINT NAME CLEARLY

application is accurate to the best of my knowledge. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. Discovery of deliberate falsification of information on this application after a license is issued may subject the individual to penalties, fines and other sanctions authorized by licensing statutes and rules, as well as the imposition of any other penalties, fines and sanctions provided by law.

Applicant's Signature _____ Date of Signature _____

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**APPENDIX A
EXAMPLE OF A SITE PLAN**



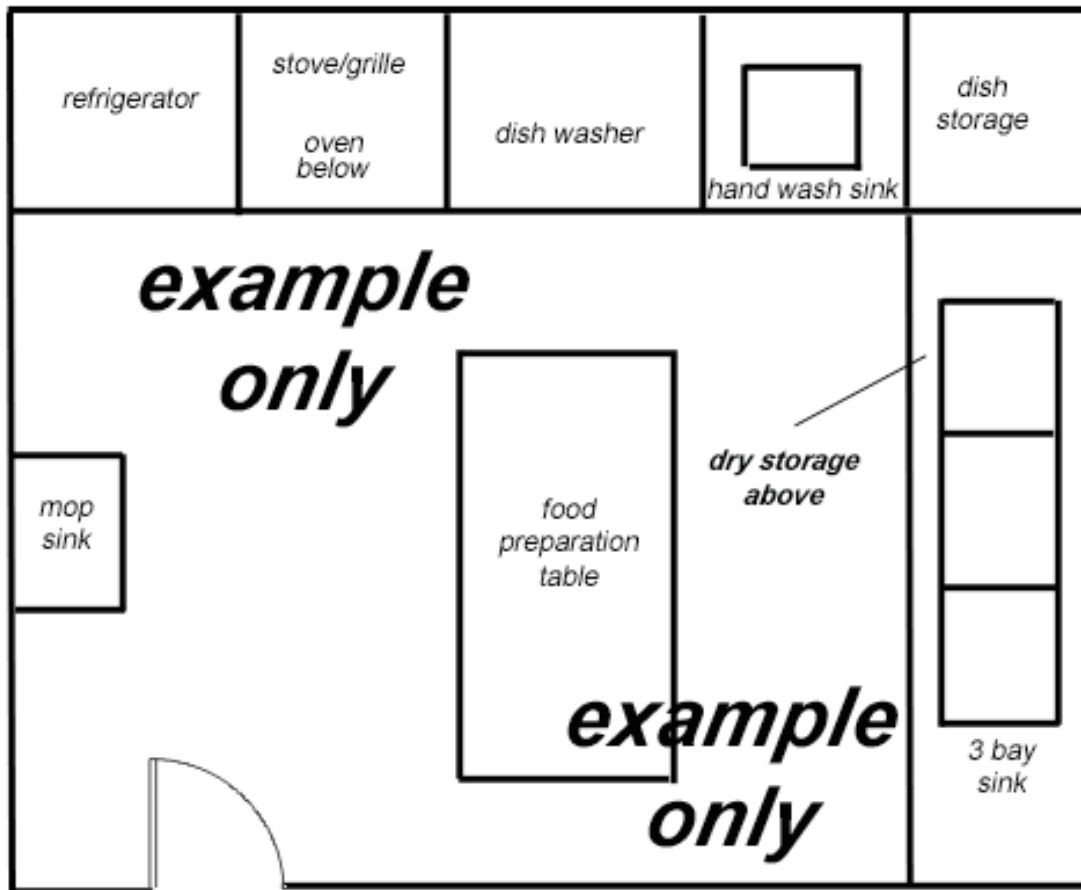
Include the following:

- A scale (1 inch = 100 feet or similar)
- Location of well, existing or proposed
- Activities within 300 feet of the well that may contaminate the drinking water:

Leach fields (record all), above ground fuel tanks, gasoline pump, herbicide or pesticide application, manure storage, animal pens, barnyard, parking lot, auto repairing, auto/junk storage, fertilizer application, chemical storage (such as paint, oil, gasoline, fertilizer, herbicides, pesticides).

- Underground Fuel Storage Tanks within 1000 feet of the well.
- Surface water bodies (lakes, streams, ponds) within 300 feet of the well.
- Property boundaries and the land uses on adjacent properties
- The general slope of land near the well

Appendix B
Example of a Food Preparation Area Plan



Scale: 1 inch = 3 feet

Appendix C
Onsite Wastewater Disposal System – Local Review and Verification Form

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate wastewater disposal system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

Health Inspection Program – Onsite Wastewater Disposal System
Local Review and Approval Form – HHE-602 Appendix C

To be completed by the owner/applicant:

Date: _____

Facility Name: _____

Facility Physical Address: _____

Facility [] Owner [] Operator: _____

Telephone: _____ E-Mail: _____

Mailing Address if different from address above: _____

1. Check all boxes that apply: Are you proposing ☐ new construction ☐ remodeling ☐ ownership change ☐ change in use ☐ increased use or ☐ other? Specify: _____
2. Please describe the proposed use or proposed change in existing use for this property:
 - a. Prior use as licensed: _____ (for example, “a take out with no seats”, “a 40 site camp ground” or “not previously licensed”);
 - b. Proposed use: _____ (for example, “40 seat restaurant”, “a 30 unit motel” or “no change in use”).
 - c. Are you a new owner of the establishment (please circle)? Yes No

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A) the existing wastewater disposal system has the capacity required for your proposal or B) you have had a new or expanded wastewater disposal system designed that will meet the requirements for proper wastewater disposal. Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

Please include this completed form with your license application.

(To request a record search for difficult to find permits please visit www.mainepublichealth.gov/septic-systems)

To be completed by the Local Plumbing Inspector: I, _____, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for a:

MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites

LPI Signature

Date

IS YOUR APPLICATION COMPLETE: “PLEASE READ THIS CHECK LIST”

**BEFORE YOU SUBMIT YOUR APPLICATION,
MAKE SURE THAT IT IS COMPLETE.**

**WE CANNOT PROCESS AN INCOMPLETE APPLICATION
AND MUST RETURN THEM FOR COMPLETION.**

**RETURN OF AN INCOMPLETE APPLICATION
WILL DELAY THE ISSUANCE OF YOUR LICENSE
TO OPERATE YOUR BUSINESS.**

DID YOU PROVIDE COMPLETE INFORMATION FOR:

- ☐ Applicant information in the top box of Page 1.
- ☐ Licensing Information in Question #1.
- ☐ Business type and operation periods in Question #2, including all owner(s), corporate, and individual names.
- ☐ Former Owners, if applicable, in Question #3.
- ☐ Business Definition in Question #4.
- ☐ Licensing type check marks in Question #5.
- ☐ Drinking Water in Question #6, including water test results as required.
- ☐ Wastewater Disposal in Question #7, including a copy of the Onsite Wastewater Disposal System Local Review and Approval Form if you are not on a public sewer system.

DID YOU INCLUDE, IF APPLICABLE:

- ☐ A copy of your menu, if you propose an eating place.
- ☐ A kitchen plan, if you propose an eating place.
- ☐ A site plan.
- ☐ The Eating Place Business Review in Question #10, on page 7 if you propose an eating place.
- ☐ The licensing and inspection fee, determined from Question #5, on pages 2 or 3
- ☐ The certificate(s) for the Certified Food Protection Manager(s)
- ☐ Appendix C signed Local Review and Verification Form

Finally, did you:

- ☐ Sign and date the application on Page 9.

Online Health Inspection Program License Renewals

Online Health Inspection Program license renewals are available at maine.gov/online/hiplicensing.